

City of Rockford, Illinois

Community & Economic Development Department
 Construction and Development Services
 425 East State Street, Rockford, IL 61104
 Phone: (779) 348-7158 Fax: (815) 967-4243
 Web: www.rockfordil.gov

**MECHANICAL PERMIT APPLICATION**
Plans Submitted? ☐ Yes ☐ No

App. #:

I. Project & Owner Information		An incomplete application completely will delay the processing of this application.	
Project Address		Zip	
Type of Property: <input type="checkbox"/> One & Two Family <input type="checkbox"/> Multi-Family (3+ Units) <input type="checkbox"/> Commercial/Industrial			
Project Name			
Owner's Name		Phone	
Owner's Address		Fax/Email	
		City	
		State	
		Zip	
II. Contractor Information (City of Rockford License Required) <i>State license required for Hood Fire Suppression only</i>			
Company		Contact Person	
Address		City	
		State	
Phone		Fax/Email	
		License #:	
Would you prefer to receive your permit by <input type="checkbox"/> fax or <input type="checkbox"/> email			
III. Is there a General Contractor on the Job? <input type="checkbox"/> Yes <input type="checkbox"/> No, this is a stand-alone project			
IV. Description of Work			
FORCED AIR <input type="checkbox"/> Replace <input type="checkbox"/> New <input type="checkbox"/> Weatherization _____% Efficiency _____BTU Load Calc's: <input type="checkbox"/> Manual J <input type="checkbox"/> Manual S <input type="checkbox"/> Manual D <input type="checkbox"/> Block <input type="checkbox"/> Economizer <input type="checkbox"/> ERV <input type="checkbox"/> Other		MISC. (check all that apply) <input type="checkbox"/> Ductwork <input type="checkbox"/> Chimney Liner <input type="checkbox"/> Gas Fireplace <input type="checkbox"/> Commercial Hood <input type="checkbox"/> Hood Fire Suppression _____# Nozzles <input type="checkbox"/> Exhaust _____cfm <input type="checkbox"/> Make-up _____cfm <input type="checkbox"/> Refrigeration (list equip): _____ <input type="checkbox"/> Gas Piping _____Total BTU <div style="margin-left: 40px;"> <input type="checkbox"/> High pressure (greater than or equal to 1psi) <input type="checkbox"/> Low pressure </div>	
AC: <input type="checkbox"/> Replace <input type="checkbox"/> New _____Ton			
BOILER: <input type="checkbox"/> Replace <input type="checkbox"/> New _____BTU			
RTU: <input type="checkbox"/> Replace <input type="checkbox"/> New _____Ton _____BTU			
Project description: 			
V. Construction Valuation			
Total Cost of Project \$ _____ (Include: Labor, Materials, Equipment, Overhead & Profit)			
Requested Inspection Date: ____/____/____ Time Preference: <input type="checkbox"/> AM <input type="checkbox"/> PM Lock Box #(if applicable):			
Applicant's Signature X Date			